

Questions and Answers Re: Managed Long-Term Care RFP

Friday, August 25, 2006

- Q1:** Are there plans for expansion beyond Racine/Kenosha in the near future? Would it be acceptable to include other areas in a proposal?
- A:** This RFP process will result in a contract to deliver managed long-term care services in Kenosha and Racine Counties. Wisconsin Governor Jim Doyle has publicly stated his intent to expand Family Care statewide in five years; the timeline for RFPs for other parts of the state has not been determined. The managed care expansion website (<http://dhfs.wisconsin.gov/managedltc>) includes a map of county-based planning consortia throughout the state. Information for other areas would not be acceptable at this time.
- Q2:** Will MCOs be responsible for current waiver recipients who are in the jurisdiction of Racine or Kenosha County, but placed out of county?
- A:** The county the individual is protectively placed through is the county of residence for eligibility and enrollment purposes. If individuals have been protectively placed through Racine or Kenosha Counties, they would be eligible for enrollment in the MCO(s) selected through this RFP process. In addition, if an enrollee is placed in a residential setting outside of the county under the MCO's plan of care, that person remains a resident of the MCO county for purposes of eligibility.
- Q3:** Is this still true if the individual is protectively placed in an area that already has managed long-term care (e.g., Fond du Lac)?
- A:** Yes. The MCO(s) that serves the area that the person is a legal resident of is the MCO(s) the individual is eligible to enroll in. A guardian may request a change in jurisdiction for the individual, so that the new county would become the county of residence, and the individual would then be eligible for the long-term care programs operating in that new county.
- Q4:** Some individuals in Racine and Kenosha Counties are currently living in a community-based residential facility (CBRF) where their room and board is supplemented by Community Option Program (COP) funds. Assuming Medicaid doesn't pay for room and board, are there any plans for grandfathering these individuals, or will they be expected to move to a less costly CBRF?
- A:** The residential provider included in the care plan is the decision of the MCO, in conjunction with the member. The capitation payment the MCO receives can be used to pay for room and board. However, room and board expenditures must be reported separately from other service costs, and are not included as service costs for the purpose of rate setting.
- Q5:** Do you have an estimate of the number of potential enrollees in Racine and Kenosha?
- A:** Proposers may want to use the following information to make their own projections of the number of potential enrollees in Racine and Kenosha Counties:

- 1) The current enrollment in the Community Options Program (COP) and Home and Community Based Waivers (HCBW), and waiting list, as provided by the counties, are as follows:

Kenosha County:
COP and HCBW – 615
Wait list -- 462

Racine County:
COP and HCBW -- 615
Wait list -- 220

- 2) COP and HCBW enrollment in current Family Care counties, in the month prior to Family Care implementation:

Fond du Lac	359
La Crosse	543
Milwaukee	2,691
Portage	274
Richland	163

- 3) Current enrollment information for Family Care can be found at:
<http://dhfs.wisconsin.gov/LTCare/Generalinfo/EnrollmentData.htm>

Q6: Will the Brain Injury Waiver (BIW) be included in these programs?

A: Individuals eligible for the MCO will not be eligible for the BIW.

Q7: Are proposers to take a stab at estimating rates for a proforma, or will you be releasing estimated rates for Racine and Kenosha Counties for the purpose of this RFP?

A: We are not planning to publish estimated rates for the RFP process. The Department is interested in evaluating the quality of the business plan the proposer submits, so that plan should include information about what rate would be required to operate successfully.

Q8: Are proposers expected to include in their proposal individuals who reside in ICF-MRs?

A: Anyone residing in an institution, except an IMD between the ages of 21-65, who meets institutional level of care, is eligible to enroll in the MCO, and also remains eligible for fee-for-service Medicaid. It is up to the proposer whether they include these individuals in their projections.

Q9: Is the expectation that the MCO would be responsible for all individuals who are in ICF-MRs?

A: If the person stays in the ICF-MR they may choose to enroll in the MCO, and then the MCO would provide services. If an individual moves from an ICF-MR, the only way

they would be able to access home and community-based waiver services is through enrollment in an MCO.

Q10: Is this the same for people residing in nursing homes?

A: Yes, if a nursing home resident chooses to enroll, the MCO will be responsible for serving them, whether they want to remain in the nursing home or to relocate to a community setting. The Aging and Disability Resource Center (ADRC) in the area may conduct outreach to nursing home residents to inform them about the availability of managed long-term care services.

Q11: Will there be a rate development process for 2007?

A: Rates for 2007 will be developed.

Q12: What is the rate development process?

A: The methodology will be the one discussed in the webcast on the managed care expansion website about rates. The webcast can be found at:
<http://dhfs.wisconsin.gov/ManagedLTC/grantees/webcasts/index.htm>

Q13: Will the same process as described in the webcast will be used to develop rates for the MCO being solicited through this RFP?

A: Yes.

Q14: There is a limit of 25 pages for the attachments. Is this in total, or per attachment?

A: The attachments should be limited to 25 pages in total.

Q15: Is there a limit on how many pages the actual proposal can be?

A: No, there is not a limit on the number of pages for the proposal itself.

Q16: There are two forms that need to be included in the response. Please explain where they should go in the proposal.

A: Form DOA 3261 should be the cover page at the beginning of the proposal, immediately followed by DOA 3477, Vendor Information Sheet.

Q17: Does the CMO have any financial responsibility for protectively placed consumers whose guardians have chosen either to not enroll them in Family Care or to disenroll them from Family Care?

A: The CMO does not have financial responsibility for individuals who are not enrolled.